

FY 2005 Statement Summary
House Appropriations Subcommittee
on
Labor, Health and Human Services, Education
And Related Agencies

April 20, 2004

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In summary, this testimony includes information from several recent publications that suggest that increasing the number of primary care physicians in the US can increase the quality of healthcare and reduce federal spending on healthcare.

- Title VII, Section 747 family medicine health professions programs have a proven track record of increasing the production of primary care physicians. OAFM supports the restoration of funding to at least FY03 levels for these programs in FY05 in order to continue the production of high quality, cost-effective family physicians.
- The Agency for Health Care Research and Quality (AHRQ) is also a vehicle for a improving the overall quality of the nation's healthcare system. We support funding of \$443 million for AHRQ in FY05 in order to support research on conditions that affect most Americans.

Mr. Chairman,

I am Carlos Moreno, MD, MSPH, Vice President, Community and Educational Outreach and Professor and Chair of Family Practice and Community Medicine at the University of Texas Health Science Center, Houston. In addition, I am here in my role as President of the Society of Teachers of Family Medicine, and former member of the Congressionally established Advisory Committee on Training in Primary Care Medicine and Dentistry. I thank you for the opportunity to speak on behalf of the Organizations of Academic Family Medicine.

I want to talk about a few challenges facing the nation's health care system, and what family medicine can do to help. I believe that with the support of this committee, family medicine can make major changes in the status quo, both in terms of cost and quality. We acknowledge the difficult situation this committee is in regarding available discretionary spending dollars – however, we would like the committee to look more broadly at the entire health care system, not just Function 550. We believe that by approving increases in this area, we will save greater amounts in other areas of federal healthcare spending. Two programs under this committee's jurisdiction are particularly important in this regard – funding for family medicine training that is part of the health professions programs, Section 747 of Title VII of the Public Health Service Act, and funding for the Agency for Healthcare Research and Quality (AHRQ).

Earlier this month, an article was published in Health Affairs (April 2004) that speaks to the current situation of health care funding. In a nutshell, the authors show that “higher [Medicare] spending is associated with lower quality of care.” What are the causes of this? The authors postulate one possibility is the composition of the medical workforce: more specialists and fewer generalists mean higher costs and lower quality. They show that workforce measures can explain 42 % of the state-level variation in Medicare spending. In addition, a small rise in the number of generalists in a state is also associated with a large rise in that state's quality rank. Another recent study of physicians in Colorado, published in the Journal of the American Board of Family Practice (March/April 2004) showed that a third of primary care medical services performed in Colorado were provided by non-primary care specialists. One of the authors stated “The significant amount of primary care services provided by non-primary care specialists should be taken into consideration when researchers and policymakers are looking at what doctors are needed where. Are there enough primary care physicians available to meet the demand? Our research suggests not.”

These are just two recent articles in a long line of peer-reviewed publications which suggest that increasing the number of primary care physicians in this country can help increase quality and reduce costs. (I will provide a bibliography of these in my written statement).

Mr. Chairman, we know that Title VII family medicine training programs work. Grants for family medicine training programs are associated with an increase in the numbers of primary care physicians produced. Research by the Robert Graham Center for Policy

Studies, here in Washington, DC (Family Medicine, June 2002) demonstrated that medical schools with Title VII funding graduated more physicians who ultimately practiced in family medicine or primary care, practiced in rural areas, or practiced in counties designated as health primary care shortage areas, or HPSAs.

Last year these programs received a \$10 million reduction in spending. This funding is critical to the production of increased numbers of primary care physicians. Unless we turn this around and restore the funding for these programs, we can expect to see the production of family physicians and other primary care physicians decline. This committee has an opportunity to make a nationwide difference in both the costs and quality of healthcare, by increasing the funding available for the Primary Care Medicine and Dentistry cluster within the health professions programs to at least FY2003 levels, and hopefully beyond. As we see from these snapshots I have given you, this is not an academic question of interest just to family medicine alone, but it should be of concern and interest to all of you who watch the nation's purse strings, and to all of us as consumers of health care.

In the area of health care quality, there is no agency more important than the appropriately named Agency for Healthcare Research and Quality (AHRQ). This agency supports research on conditions affecting most Americans. The majority of Americans get their medical care in doctors' offices and clinics. However, most medical research comes from the study of extremely ill patients in tertiary care hospitals. AHRQ studies and supports research in the primary care outpatient setting where most illnesses are seen in their earliest, treatable forms. This setting is the location where most people receive most of their health care most of the time.

Recently, Dr. Elias Zerhouni, Director of NIH, stated "The paradigm that we operate under is not the right one....What is needed is an acceleration in research and discoveries aimed at the preclinical phase of disease....This will require new teams of scientists organized differently and composed of different disciplines. This really calls for a revolution in the way we approach research."

Mr. Chairman, we believe AHRQ is the agency that is poised to perform these tasks. It is not just family medicine's perspective that this research is important for this nation. The Institute of Medicine's report, *Crossing the Quality Chasm: A New Health System for the 21st Century* (2001), recommended \$1 billion a year for AHRQ to "develop strategies, goals, and action plans for achieving substantial improvements in quality in the next 5 years..." Compared to the over \$27 billion invested in subspecialty research endeavors, this is a small investment that can reap large rewards. We hope that you will be able to increase AHRQ's funding this year to \$443 million.

I thank you for the opportunity to testify. I hope you will be able to increase funding for family medicine, primary care training and for AHRQ. I'd be happy to answer any questions.